PRO SE PORTAL

http://vioxxsettlement.com

USER MANUAL

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436186
3/10/2014

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A. Introduction.

Welcome to the Nationwide Vioxx Consumer Settlement Program. The Vioxx Secure Claims Portal allows claimants to file claims and exchange information with the Claims Administrator. These instructions explain and illustrate how to access and use the Portal.

B. How to Access the Vioxx Portal.

1. **Getting Started.** From your web browser, go to http://vioxxsettlement.com. Click on the link "Secure Claims Portal." You will then be taken to the Portal Home Page where you may request access to the Portal and login.

VIOXX CONSUMER SETTLEMENT
MDL 1657
BrownGreer Claims Administrator
HOME PAGE
SECURE CLAIMS PORTAL
IMPORTANT DOCUMENTS
INSTRUCTIONS
FREQUENTLY ASKED QUESTIONS
CONTACT THE CLAIMS ADMINISTRATOR
Get ADOBE® Reader
You will need to have Adobe® 7.0 or higher to view Printed Documents. To get the latest Version of Adobe Reader, click the icon above.
Vioxx Consumers
Could Get Up to $50 or More From a Settlement
You can get $50 or more if you purchased Vioxx before October 1, 2004 for yourself or a family member.
• If you don't have records, you can get up to $50.
• If you have records, you can be reimbursed for all that you spent out-of-pocket for Vioxx.
• You may also be paid up to $75 for visiting with a doctor to discuss alternatives to Vioxx.
You can file a claim online or print and mail in a claim form.
FILE A CLAIM ONLINE
DOWNLOAD A CLAIM FORM
You may also request that the Claims Administrator send you a copy of the paper Claim Form:
MAIL ME A CLAIM FORM
If you still have questions about qualifying for a payment, you can use the Program's "Do I Qualify" utility to see if you may be eligible:
DO I QUALIFY FOR PAYMENT?
Attorneys Click Here
Español

2. **Requesting Access.** To obtain a Login ID and Password, click the Request Claimant Access button.

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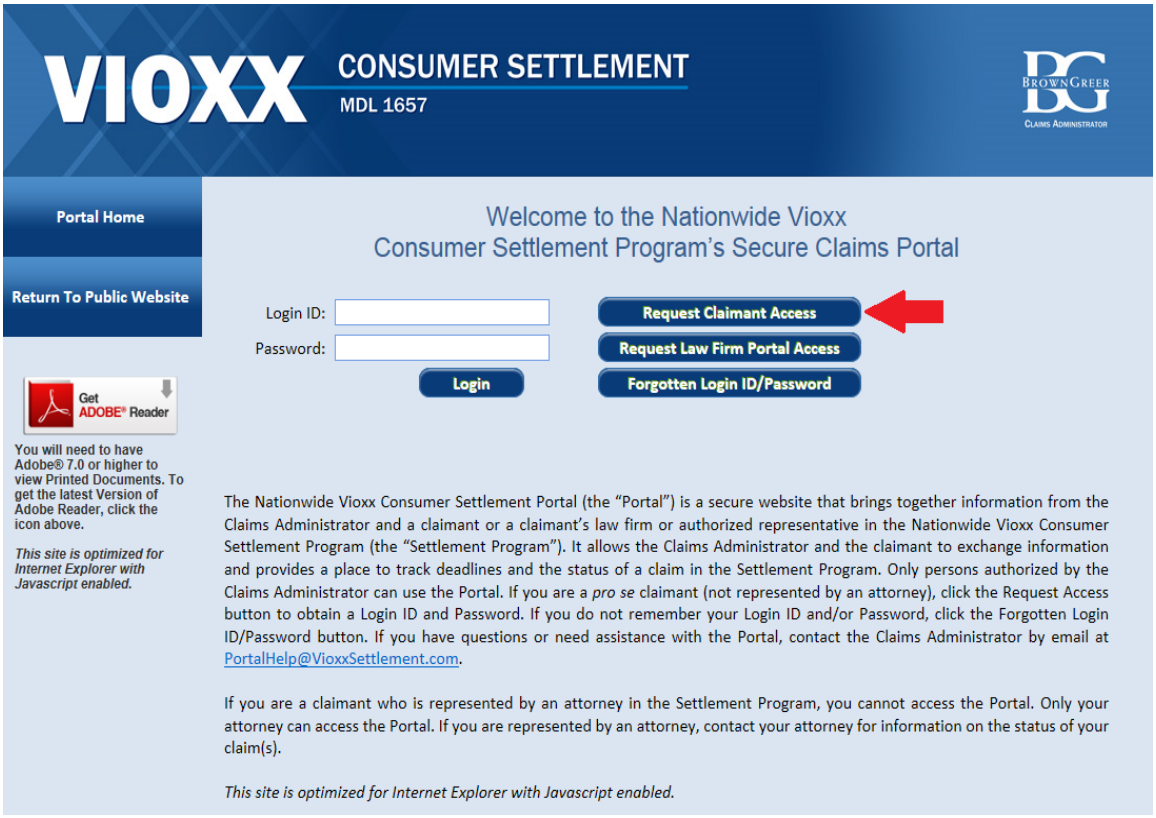
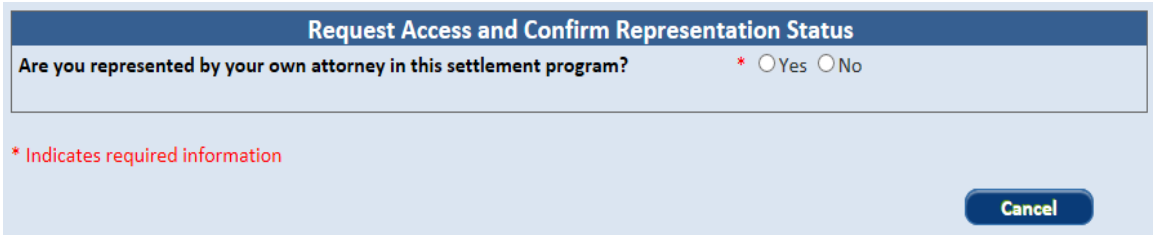

VIOXX
CONSUMER SETTLEMENT
MDL 1657
BrownGreer
Claims Administrator
Portal Home
Return To Public Website
Get ADOBE® Reader
You will need to have Adobe® 7.0 or higher to view Printed Documents. To get the latest Version of Adobe Reader, click the icon above.
This site is optimized for Internet Explorer with Javascript enabled.
Welcome to the Nationwide Vioxx
Consumer Settlement Program's Secure Claims Portal
Login ID:
Password:
Login
Request Claimant Access
Request Law Firm Portal Access
Forgotten Login ID/Password
The Nationwide Vioxx Consumer Settlement Portal (the "Portal") is a secure website that brings together information from the Claims Administrator and a claimant or a claimant's law firm or authorized representative in the Nationwide Vioxx Consumer Settlement Program (the "Settlement Program"). It allows the Claims Administrator and the claimant to exchange information and provides a place to track deadlines and the status of a claim in the Settlement Program. Only persons authorized by the Claims Administrator can use the Portal. If you are a pro se claimant (not represented by an attorney), click the Request Access button to obtain a Login ID and Password. If you do not remember your Login ID and/or Password, click the Forgotten Login ID/Password button. If you have questions or need assistance with the Portal, contact the Claims Administrator by email at PortalHelp@VioxxSettlement.com.
If you are a claimant who is represented by an attorney in the Settlement Program, you cannot access the Portal. Only your attorney can access the Portal. If you are represented by an attorney, contact your attorney for information on the status of your claim(s).
This site is optimized for Internet Explorer with Javascript enabled.

To use the Request Claimant Access function, you must be a *Pro Se* claimant, meaning that you do **not** have a private attorney representing you in connection with any claim you may have with the Settlement Program.


Request Access and Confirm Representation Status
Are you represented by your own attorney in this settlement program?
* Yes No
* Indicates required information
Cancel

Select "Yes" if you are represented by your own private attorney with respect to any claim in the Settlement Program. If you select "Yes," you will not be permitted to obtain a Login ID and Password and will see the following message: You have indicated that you are represented by an Attorney. You must contact your Attorney to have him/her submit, or otherwise manage, a Claim on your behalf.

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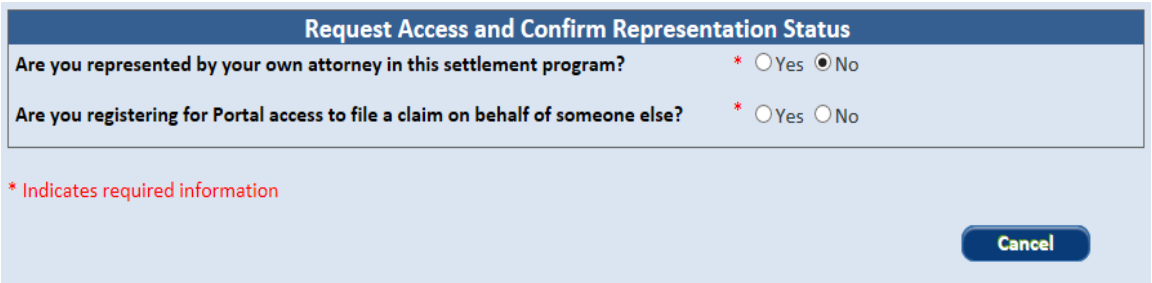
Select “No” if you are not represented by a private attorney with respect to any claim in the Settlement Program. The following question will appear:


Request Access and Confirm Representation Status
Are you represented by your own attorney in this settlement program?
* Yes No
Are you registering for Portal access to file a claim on behalf of someone else?
* Yes No
* Indicates required information
Cancel

Select “Yes” if you are registering for Portal access to file a claim on behalf of someone else. Select “No” if you are registering for Portal access to file a claim on behalf of yourself. After answering that question, the following screen will appear:

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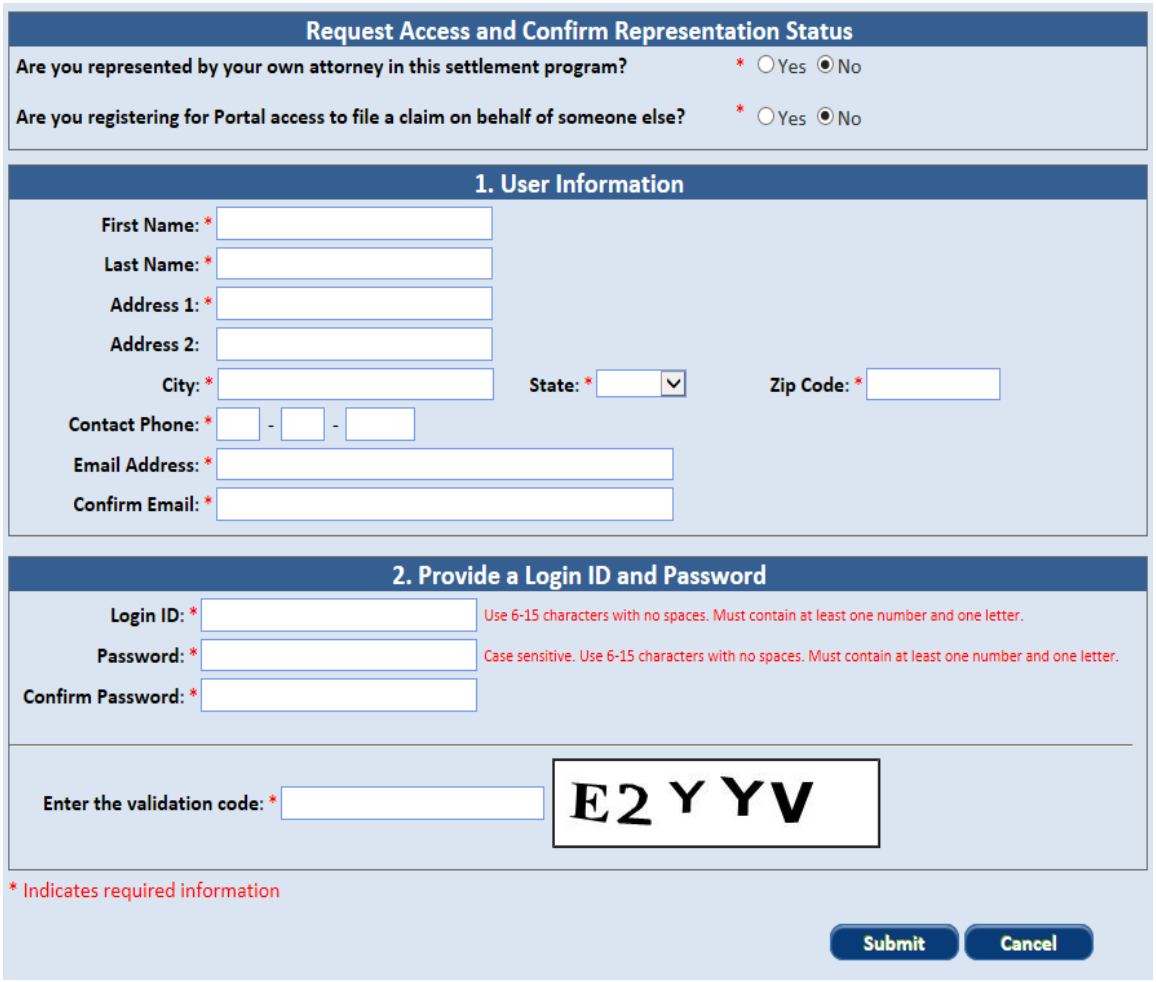
Request Access and Confirm Representation Status
Are you represented by your own attorney in this settlement program? * Yes No
Are you registering for Portal access to file a claim on behalf of someone else? * Yes No
1. User Information
First Name: *
Last Name: *
Address 1: *
Address 2:
City: *
State: *
Zip Code: *
Contact Phone: * - -
Email Address: *
Confirm Email: *
2. Provide a Login ID and Password
Login ID: *
Use 6-15 characters with no spaces. Must contain at least one number and one letter.
Password: *
Case sensitive. Use 6-15 characters with no spaces. Must contain at least one number and one letter.
Confirm Password: *
Enter the validation code: *
E2 Y YV
* Indicates required information
Submit
Cancel

Fill in the fields with the required information. If you are registering for Portal Access to file a claim on behalf of someone else, enter your personal information in the User Information section, not the claimant's information. Choose a Login ID and click the Verify button to confirm that the Login ID is available. If the Login ID is not available, select another Login ID and provide a password that is between 6-15 characters in length and contains at least one numeric character and one alphabet character. Once you have provided the required information, click the Submit button.

3. **Confirming Access.** You will receive a confirmation email shortly that will provide you with a link to verify your email address. If you do not see this message in your inbox, check your spam folder. Also, please add NoReply@VioxxSettlement.com to your Safe Sender list. Follow the instructions in the confirmation email to gain access to the Vioxx Portal.

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4. **Login ID and Password Information.** This is a secured site. It can be accessed only by a person authorized by the Claims Administrator with both of the following:

   a. A Login ID name. Your Login ID is not case sensitive.

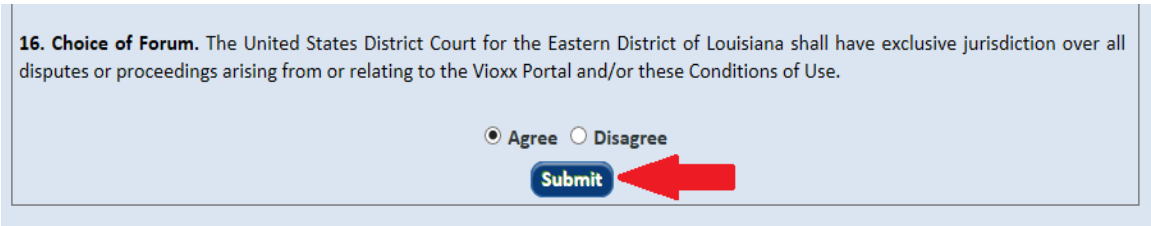
   b. A Password assigned to that Login ID. This password must be a minimum of six and maximum of 15 characters and numerals. The Password is case sensitive, so be careful how you type it.

   Enter your Login ID and Password and click the Login button to access the site. If you do not remember your Login ID and/or Password, click the Forgotten Login ID/Password button for assistance.

   Once on the site, you can remain on as long as you like, provided that your session shows some activity. The Login screen will appear if you attempt to use the site after five minutes with no activity. To resume using the Vioxx Portal, simply follow the Login steps again.

C. Portal Usage.

1. When you login to the Portal for the first time, you will need to agree to the Conditions of Use. You will only need to do this once.


16. Choice of Forum. The United States District Court for the Eastern District of Louisiana shall have exclusive jurisdiction over all disputes or proceedings arising from or relating to the Vioxx Portal and/or these Conditions of Use.
Agree
Disagree
Submit

2. Click "Submit" and you will be taken to the Home Page of the Vioxx Portal.

D. Portal Home.

1. **Claimant Info**. The Portal Home Page displays basic instructions for beginning claims, updates on the Settlement Program and a link to download the Vioxx Portal User Manual.

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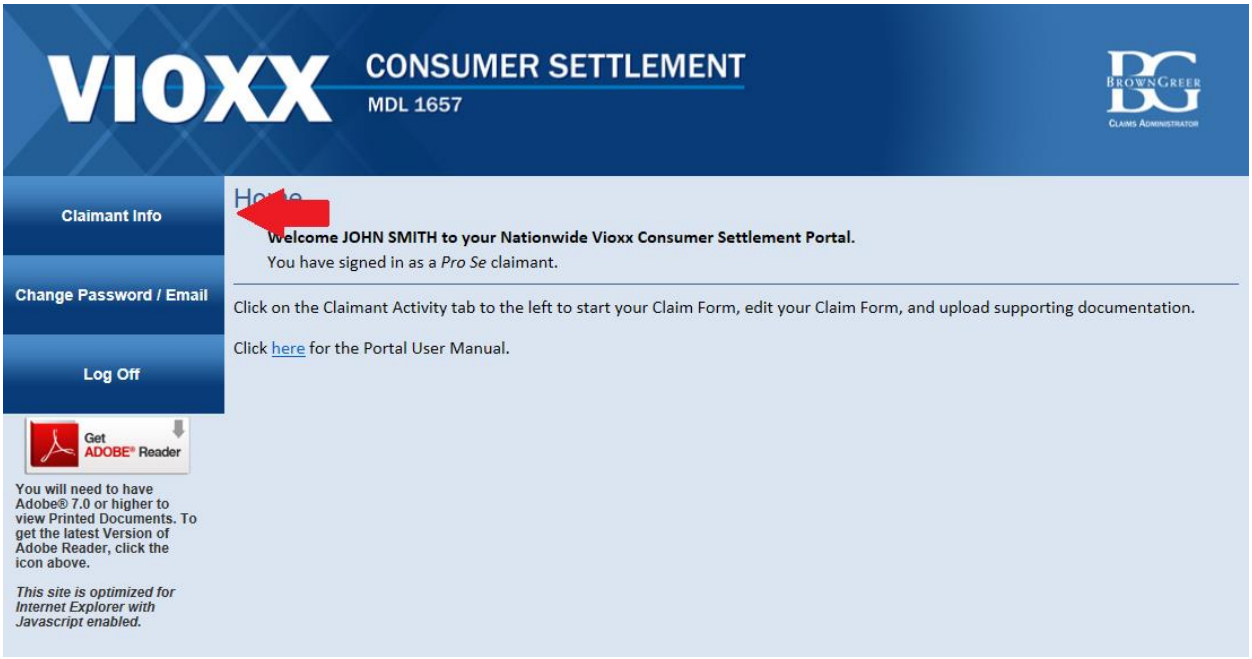
Click on the Claimant Info tab to enter your identifying information and begin the filing process.


VIOXX
CONSUMER SETTLEMENT
MDL 1657
BrownGreer
Claims Administrator
Claimant Info
Change Password / Email
Log Off
Get ADOBE® Reader
You will need to have Adobe® 7.0 or higher to view Printed Documents. To get the latest Version of Adobe Reader, click the icon above.
This site is optimized for Internet Explorer with Javascript enabled.
Welcome JOHN SMITH to your Nationwide Vioxx Consumer Settlement Portal.
You have signed in as a Pro Se claimant.
Click on the Claimant Activity tab to the left to start your Claim Form, edit your Claim Form, and upload supporting documentation.
Click here for the Portal User Manual.

2. **Establishing Claimant**. If you registered for Portal Access on behalf of yourself, your personal information will be pre-populated with the information you entered to request Portal access, except for your Date of Birth and Social Security Number. If you registered for Portal access on behalf of someone else, enter his or her personal information here. A Social Security Number is required in order to participate in the Settlement Program. Your Social Security Number and the other personally identifiable information you provide are subject to court protection and will be kept secure and confidential by the Claims Administrator. Once you have provided the requested information, click the Establish Claimant button.

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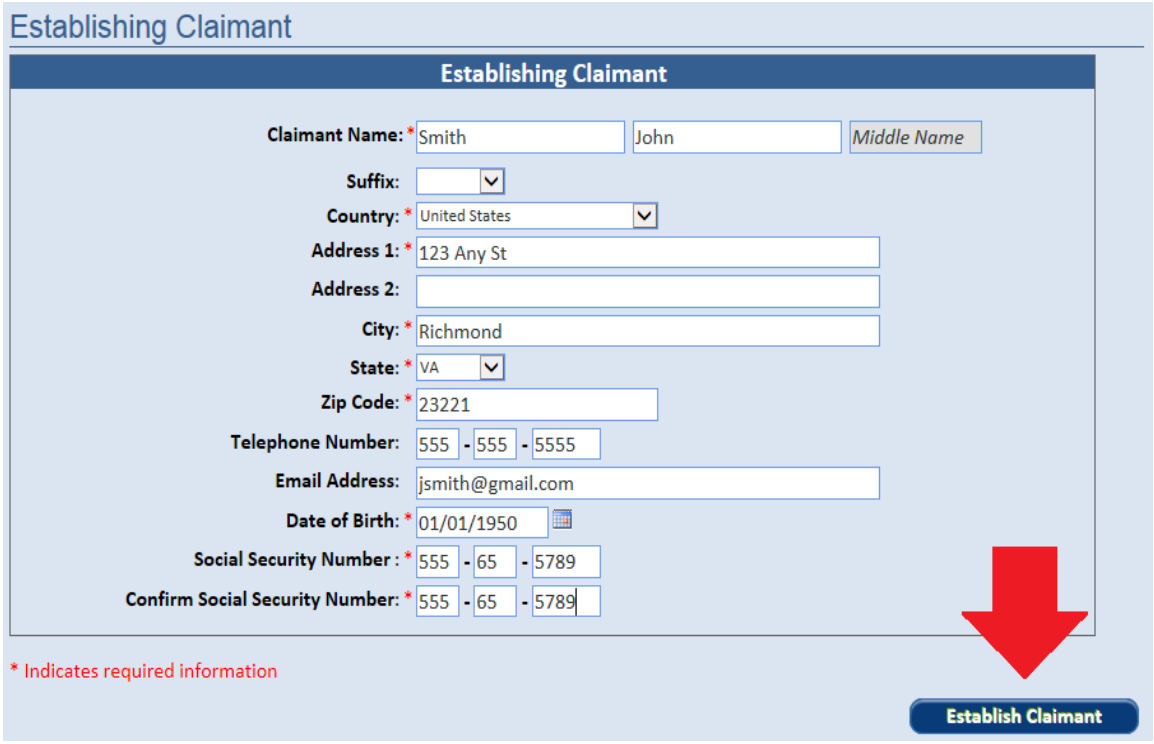
Establishing Claimant
Establishing Claimant
Claimant Name: * Smith John Middle Name
Suffix:
Country: * United States
Address 1: * 123 Any St
Address 2:
City: * Richmond
State: * VA
Zip Code: * 23221
Telephone Number: 555 - 555 - 5555
Email Address: jsmith@gmail.com
Date of Birth: * 01/01/1950
Social Security Number : * 555 - 65 - 5789
Confirm Social Security Number: * 555 - 65 - 5789
* Indicates required information
Establish Claimant

You will return to the Portal Home Screen.

E. Navigating the Site.

After you have successfully established yourself in the Portal, you will see the Home Screen with additional options on the left hand side.

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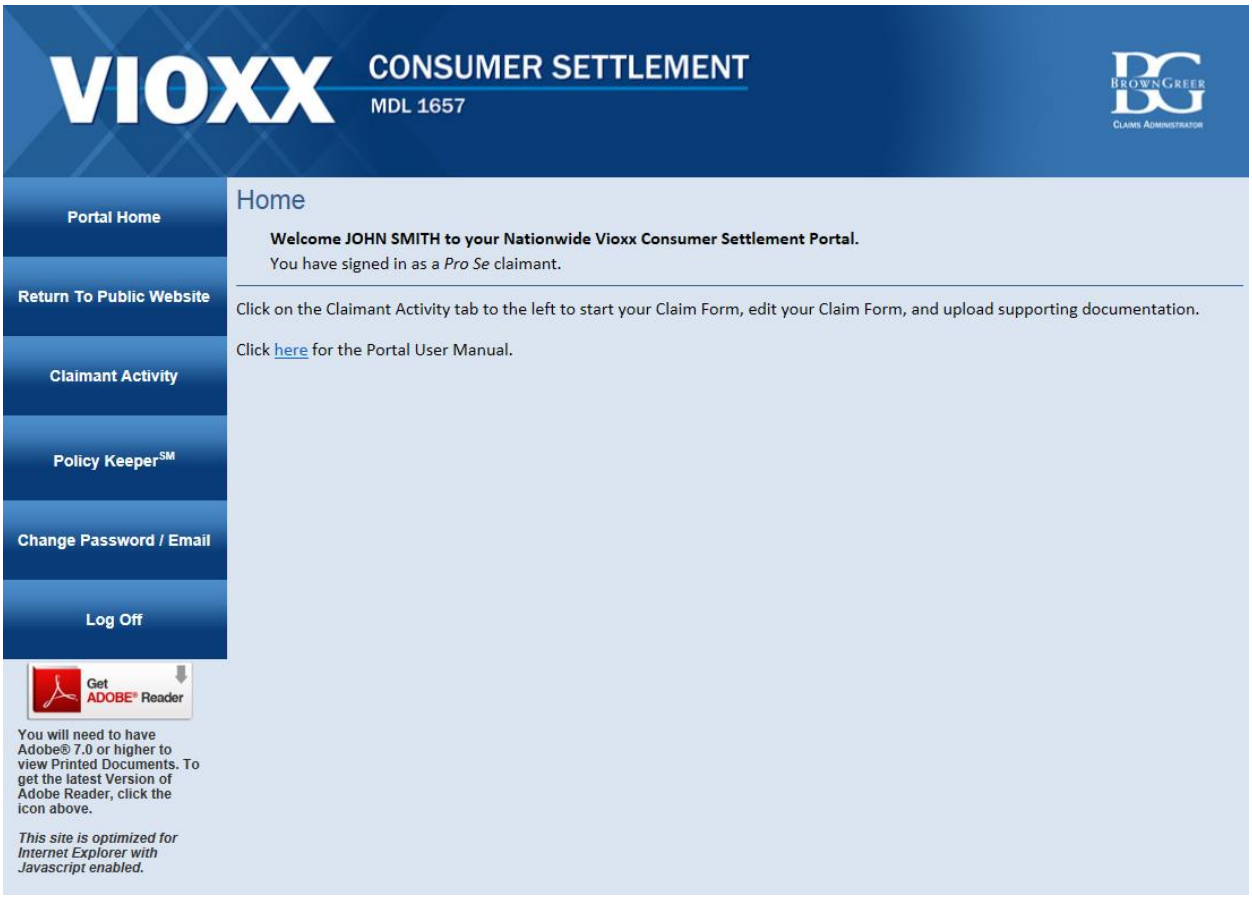
VIOXX
CONSUMER SETTLEMENT
MDL 1657
BrownGreer
Claims Administrator
Portal Home
Return To Public Website
Claimant Activity
Policy Keeper℠
Change Password / Email
Log Off
Get ADOBE® Reader
You will need to have Adobe® 7.0 or higher to view Printed Documents. To get the latest Version of Adobe Reader, click the icon above.
This site is optimized for Internet Explorer with Javascript enabled.
Home
Welcome JOHN SMITH to your Nationwide Vioxx Consumer Settlement Portal.
You have signed in as a Pro Se claimant.
Click on the Claimant Activity tab to the left to start your Claim Form, edit your Claim Form, and upload supporting documentation.
Click here for the Portal User Manual.

The left side of the Home screen lists the following options:

1. Portal Home
2. Return to Public Website
3. Claimant Activity
4. Change Password/Email
5. Log Off

You can navigate between these sections by left-clicking on the section you wish to access. Each section (other than Home) is described below.

F. Return to Public Website.

Click this link to return to the Vioxx Consumer Settlement Public Website. Doing so will log you out of your Vioxx Portal.

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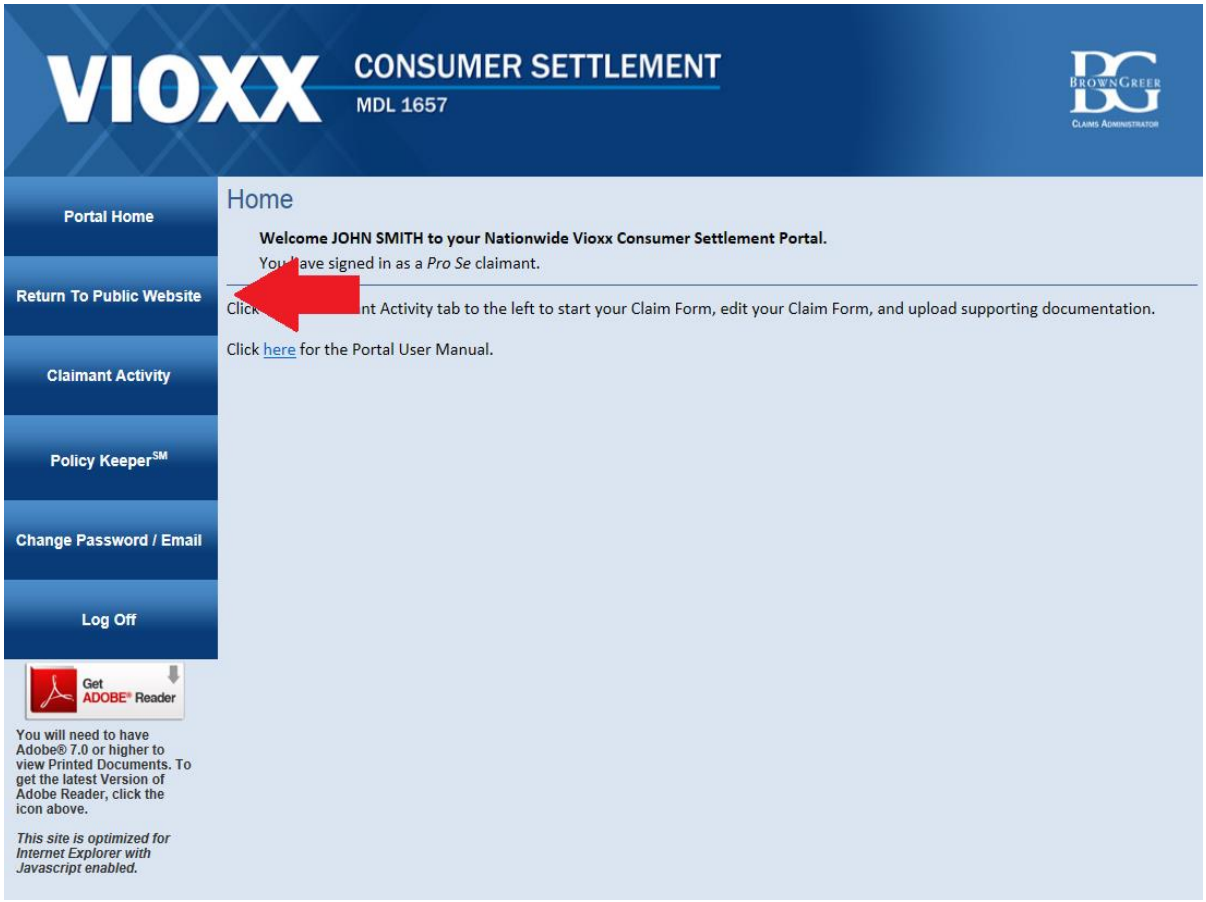
VIOXX
CONSUMER SETTLEMENT
MDL 1657
BrownGreer
Claims Administrator
Portal Home
Return To Public Website
Claimant Activity
Policy Keeper℠
Change Password / Email
Log Off
Get ADOBE® Reader
You will need to have Adobe® 7.0 or higher to view Printed Documents. To get the latest Version of Adobe Reader, click the icon above.
This site is optimized for Internet Explorer with Javascript enabled.
Home
Welcome JOHN SMITH to your Nationwide Vioxx Consumer Settlement Portal.
You have signed in as a Pro Se claimant.
Click nt Activity tab to the left to start your Claim Form, edit your Claim Form, and upload supporting documentation.
Click here for the Portal User Manual.

G. Claimant Activity.

The Claimant Activity tab allows you to manage your claimant information, submit your Claim Form, upload and view documents, and view Notices. Click here to begin the filing process.

H. Contact Information.

You will need to indicate whether you are submitting a Claim for Vioxx you purchased or submitting a Claim as the legal representative of someone else who purchased Vioxx. If you are assisting a Vioxx purchaser in filing their Claim, select "I purchased Vioxx." **Only select "I'm filing for someone else" if you are the legal guardian or representative of a deceased, incapacitated or minor Vioxx purchaser.**

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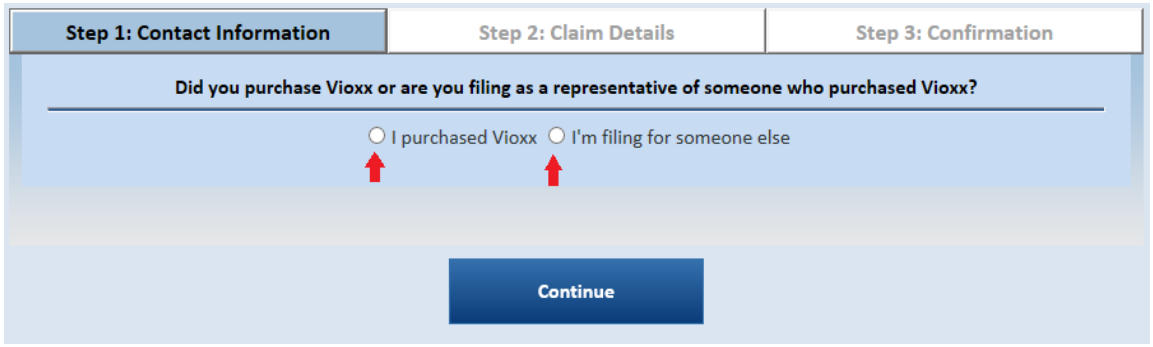
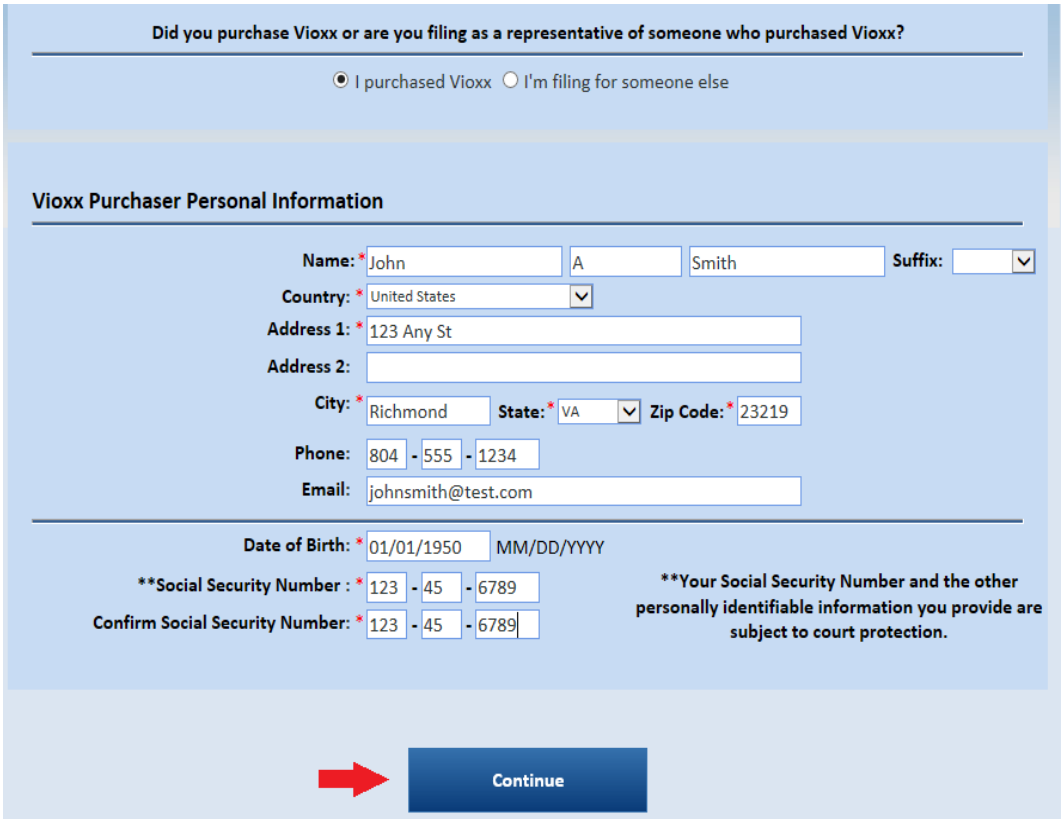

Step 1: Contact Information
Step 2: Claim Details
Step 3: Confirmation
Did you purchase Vioxx or are you filing as a representative of someone who purchased Vioxx?
I purchased Vioxx
I'm filing for someone else
Continue

1. If you are submitting a Claim because you purchased Vioxx or you are assisting a Vioxx purchase, you will need to enter the demographic information of the Vioxx purchaser on the screen below. You must complete all fields marked with a red asterisk. When you are finished, click "Continue."


Did you purchase Vioxx or are you filing as a representative of someone who purchased Vioxx?
I purchased Vioxx
I'm filing for someone else
Vioxx Purchaser Personal Information
Name: * John A Smith Suffix:
Country: * United States
Address 1: * 123 Any St
Address 2:
City: * Richmond State: * VA Zip Code: * 23219
Phone: 804 - 555 - 1234
Email: johnsmith@test.com
Date of Birth: * 01/01/1950 MM/DD/YYYY
**Social Security Number : * 123 - 45 - 6789
Confirm Social Security Number: * 123 - 45 - 6789
**Your Social Security Number and the other personally identifiable information you provide are subject to court protection.
Continue

2. If you are submitting a Claim on behalf of someone else who purchased Vioxx, you will need to enter the information for the person who purchased Vioxx (see previous screen), as well as your own demographic information. You will also need to indicate your relationship to the Vioxx purchaser. Complete all required fields. Select "Continue" when you are finished.

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Parent/Guardian Information
Indicate your relationship to the claimant:* Spouse
Name:* Jane A Smith Last Name Suffix:
Country:* United States
Address 1:* 123 Any St
Address 2:
City:* Richmond State:* VA Zip Code:* 23219
Phone: 804 - 555 - 1234
Date of Birth:* 01/01/1950 MM/DD/YYYY
**Social Security Number :* 555 - 55 - 5555
Confirm Social Security Number:* 555 - 55 - 5555
**Your Social Security Number and the other personally identifiable information you provide are subject to court protection.
Continue

I. Claim Details.

1. **Claim Payment Options.** You must indicate whether you are submitting an Option 1 claim or an Option 2 claim.

   a. **Option 1** provides reimbursement for out-of-pocket expenses for purchases of Vioxx. In order to make an Option 1 claim, you must provide one or more of the following forms of proof:

      - Receipts
      - Pharmacy Records
      - Insurer Explanation of Benefits
      - Canceled Checks
      - Credit Card Statements

   b. **Option 2** provides a one-time payment of up to $50 if you can provide proof of a Vioxx prescription or if you sign a declaration swearing under penalty of perjury that you bought and paid for Vioxx before October 1, 2004. You must provide one of the following forms of proof:

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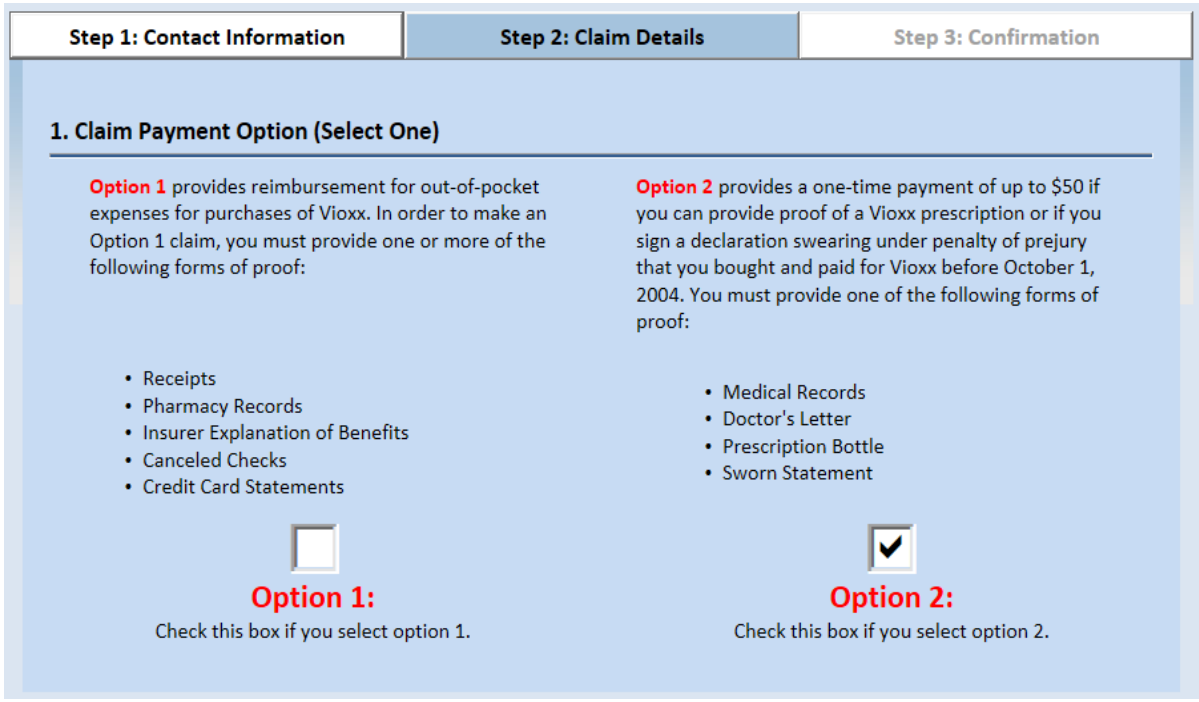
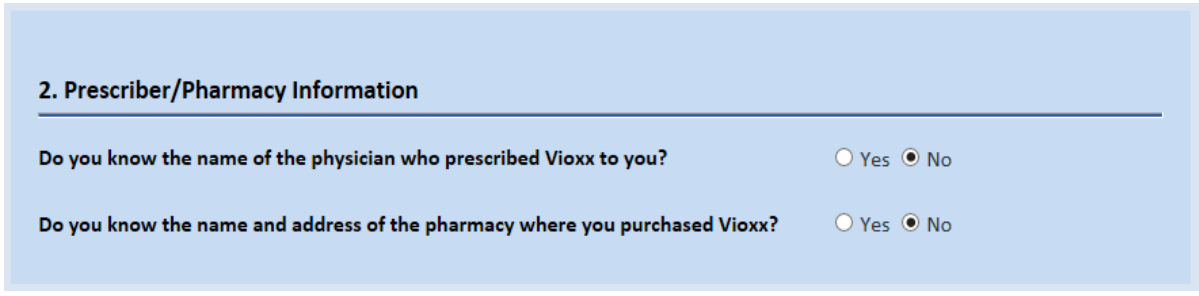
- Medical Records
- Doctor's Letter
- Prescription Bottle
- Sworn Statement


Step 1: Contact Information
Step 2: Claim Details
Step 3: Confirmation
1. Claim Payment Option (Select One)
Option 1 provides reimbursement for out-of-pocket expenses for purchases of Vioxx. In order to make an Option 1 claim, you must provide one or more of the following forms of proof:
• Receipts
• Pharmacy Records
• Insurer Explanation of Benefits
• Canceled Checks
• Credit Card Statements
Option 1:
Check this box if you select option 1.
Option 2 provides a one-time payment of up to $50 if you can provide proof of a Vioxx prescription or if you sign a declaration swearing under penalty of prejury that you bought and paid for Vioxx before October 1, 2004. You must provide one of the following forms of proof:
• Medical Records
• Doctor's Letter
• Prescription Bottle
• Sworn Statement
Option 2:
Check this box if you select option 2.

2. **Prescriber/Pharmacy Information**. In the next section, you can indicate the physician that prescribed you Vioxx, as well as the name and address of the pharmacy where you purchased Vioxx. You are not required to submit this information, so if you no longer remember the physician or pharmacy, answer "No" to both of these questions.


2. Prescriber/Pharmacy Information
Do you know the name of the physician who prescribed Vioxx to you?
Yes
No
Do you know the name and address of the pharmacy where you purchased Vioxx?
Yes
No

a. If you answer "Yes" to the physician question, you will need to provide the physician's name, address, and phone number, as well as the hospital or facility. Required fields are

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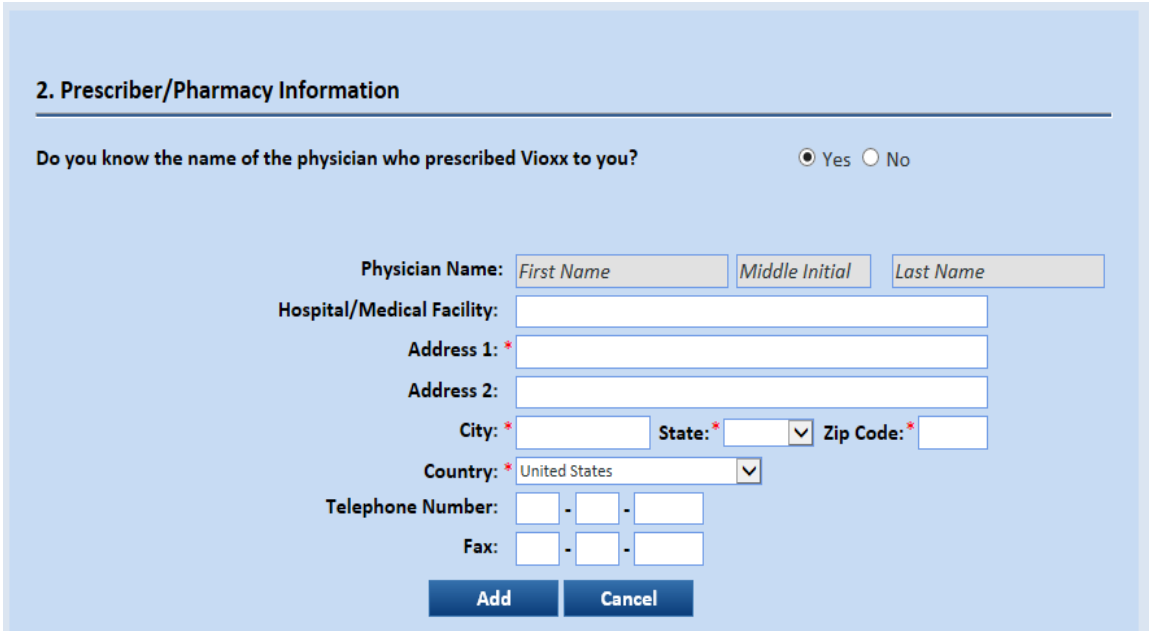
marked with a red asterisk. If you select “Yes” and then no longer wish to provide this information, press “Cancel,” then select “No.”



b. If you answer “Yes” to the Pharmacy question, you will be asked to provide the name of the pharmacy, as well as the address and telephone number. Required fields are marked with a red asterisk. If you select “Yes” and no longer wish to provide this information, press “Cancel,” then select "No.”

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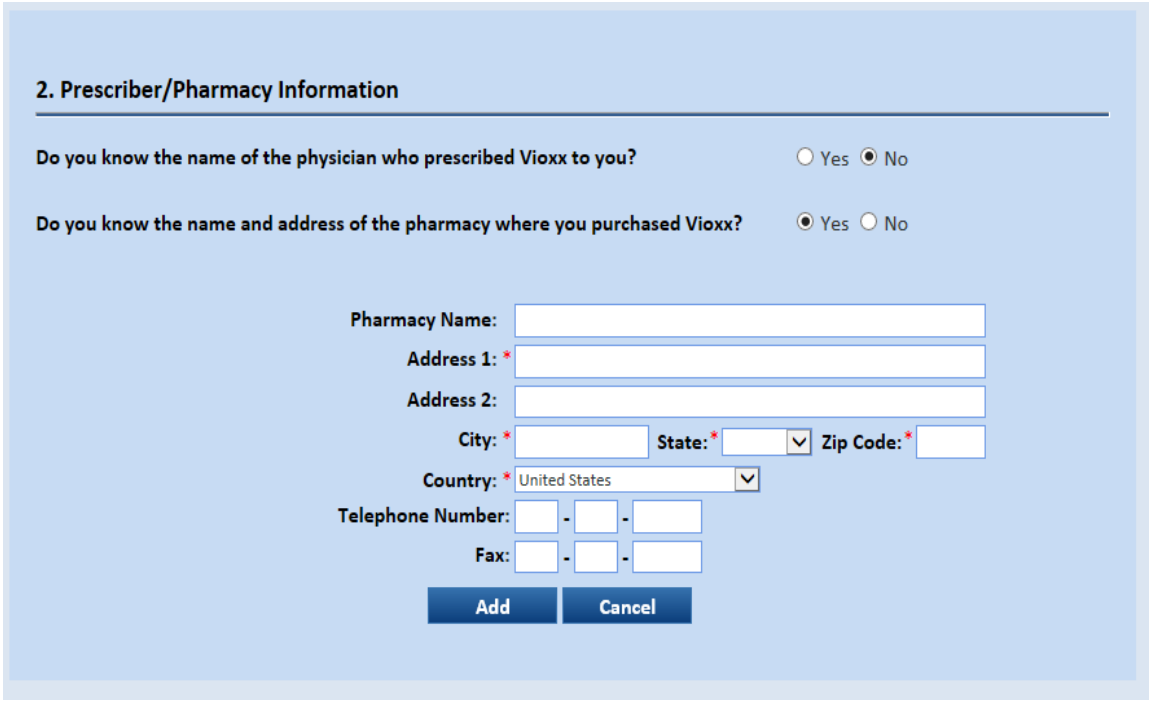

The next section will ask you select the forms of proof you are submitting with your Claim. If you selected Option 1, you will be asked to select your proof of purchase. If you selected Option 2, you will be asked to select your proof of Vioxx prescription.

3. **Payment Option 1.** If you chose Payment Option 1, you will see the screen below. You will need to enter the total amount paid out of pocket for Vioxx. You can also indicate which documents you are submitting to support your claim. You can check more than one box.

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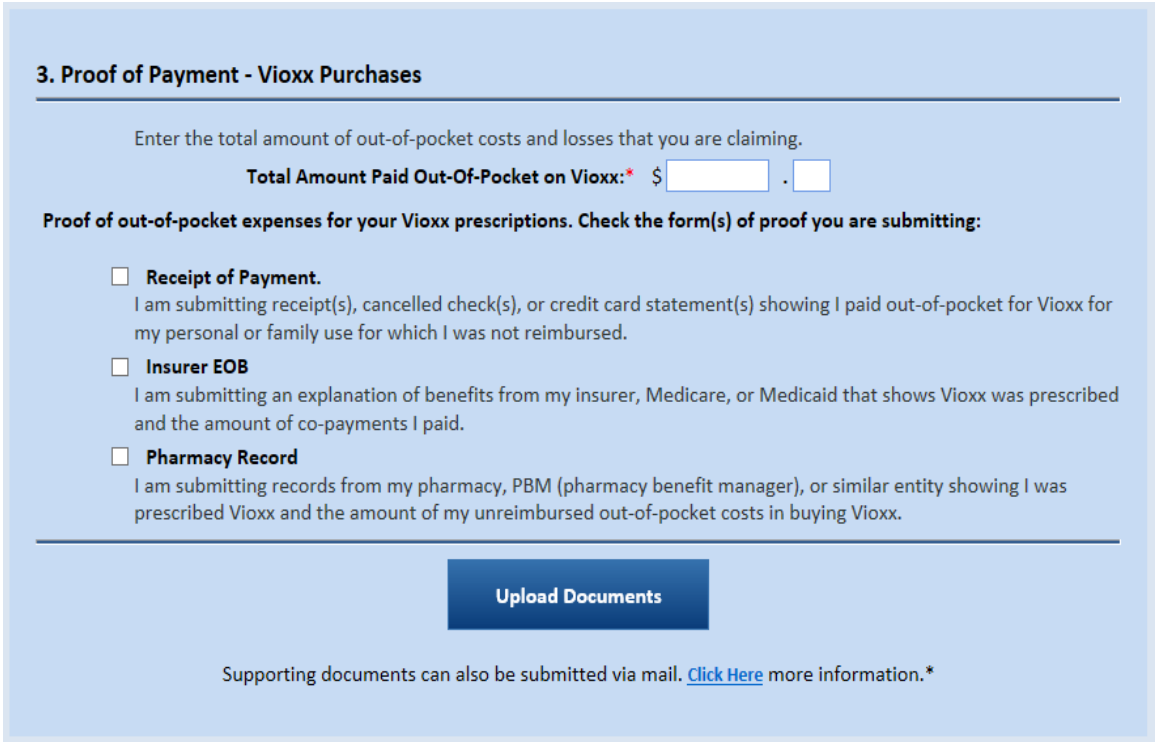
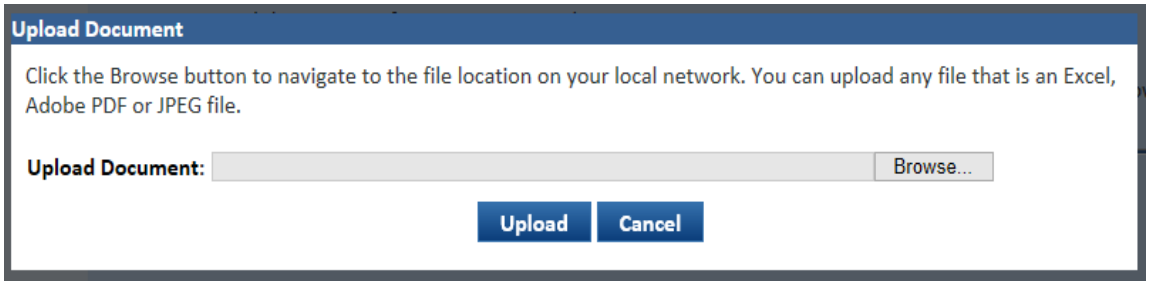

3. Proof of Payment - Vioxx Purchases
Enter the total amount of out-of-pocket costs and losses that you are claiming.
Total Amount Paid Out-Of-Pocket on Vioxx:* $.
Proof of out-of-pocket expenses for your Vioxx prescriptions. Check the form(s) of proof you are submitting:
Receipt of Payment.
I am submitting receipt(s), cancelled check(s), or credit card statement(s) showing I paid out-of-pocket for Vioxx for my personal or family use for which I was not reimbursed.
Insurer EOB
I am submitting an explanation of benefits from my insurer, Medicare, or Medicaid that shows Vioxx was prescribed and the amount of co-payments I paid.
Pharmacy Record
I am submitting records from my pharmacy, PBM (pharmacy benefit manager), or similar entity showing I was prescribed Vioxx and the amount of my unreimbursed out-of-pocket costs in buying Vioxx.
Upload Documents
Supporting documents can also be submitted via mail. Click Here more information.*

You also have the option to upload documents at this time, but it is not required. To upload documents, press the "Upload Documents" button. You will need to select the document on your computer and select "Upload." Supporting documents can also be submitted by mail. Select the "Click Here" hyperlink for more information on mailing documents.


Upload Document
Click the Browse button to navigate to the file location on your local network. You can upload any file that is an Excel, Adobe PDF or JPEG file.
Upload Document:
Browse...
Upload
Cancel

a. **Post-Withdrawal Medical Consultation**. If you chose Payment Option 1, you can also be reimbursed up to $75 if you visited a doctor between September 30, 2004 and November 30, 2004 in order to receive diagnostic testing or a medical consultation about finding an alternative to Vioxx. If you answer "Yes" to this question, you will need to provide the physician information.

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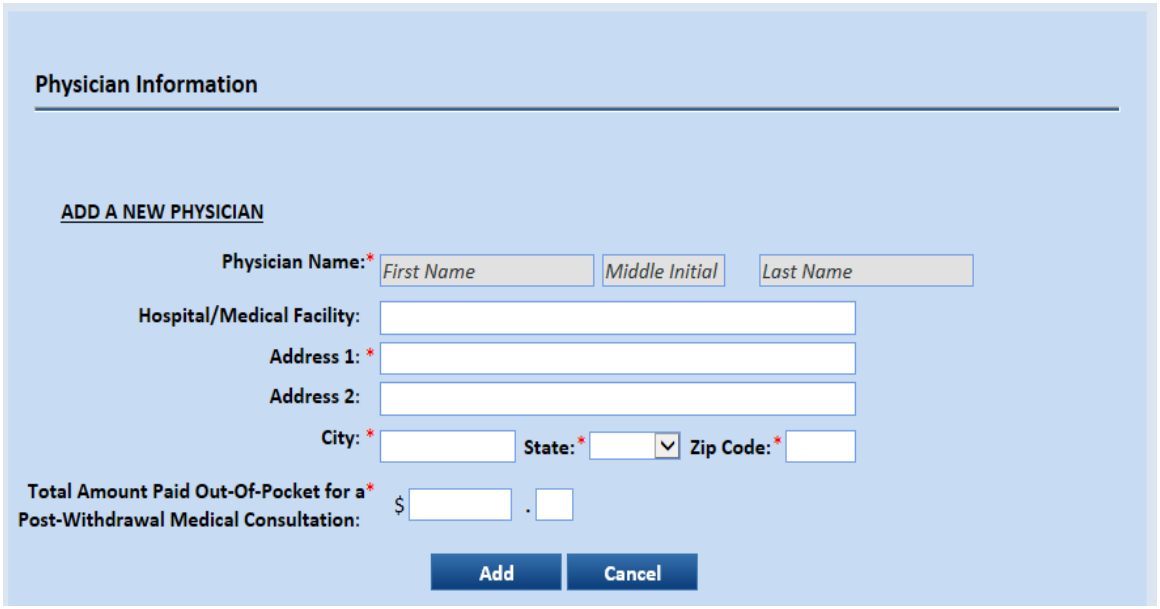
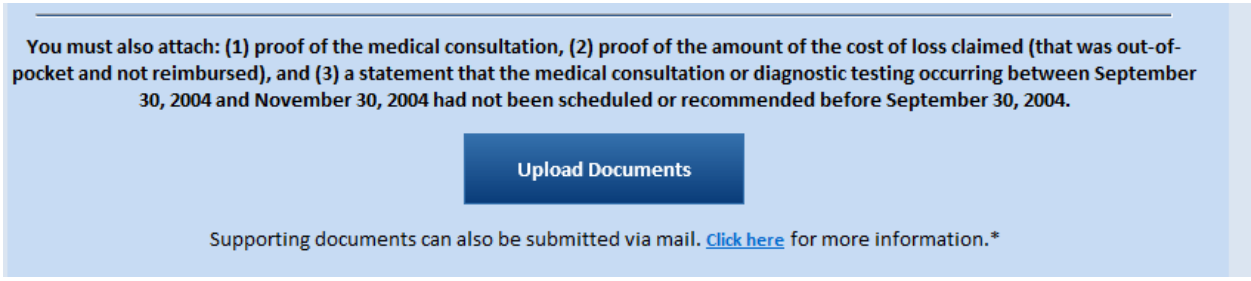


You must also include**:** (1) proof of the medical consultation, (2) proof of the amount of the cost of loss claimed (that was out-of-pocket and not reimbursed), and (3) a statement that the medical consultation or diagnostic testing occurring between September 30, 2004 and November 30, 2004 had not been scheduled or recommended before September 30, 2004.


You must also attach: (1) proof of the medical consultation, (2) proof of the amount of the cost of loss claimed (that was out-of-pocket and not reimbursed), and (3) a statement that the medical consultation or diagnostic testing occurring between September 30, 2004 and November 30, 2004 had not been scheduled or recommended before September 30, 2004.
Upload Documents
Supporting documents can also be submitted via mail. Click here for more information.*

To upload documents, press the "Upload Documents" button. You will need to select the document on your computer and select "Upload." Supporting documents can also be submitted by mail. Select the "Click Here" hyperlink for more information on mailing documents.

4. **Payment Option 2**. If you chose Payment Option 2, you will see the screen below. You must provide proof that you were prescribed Vioxx. You can check all boxes that apply. You do not need to provide any additional proof if you select the "Sworn Statement" checkbox.

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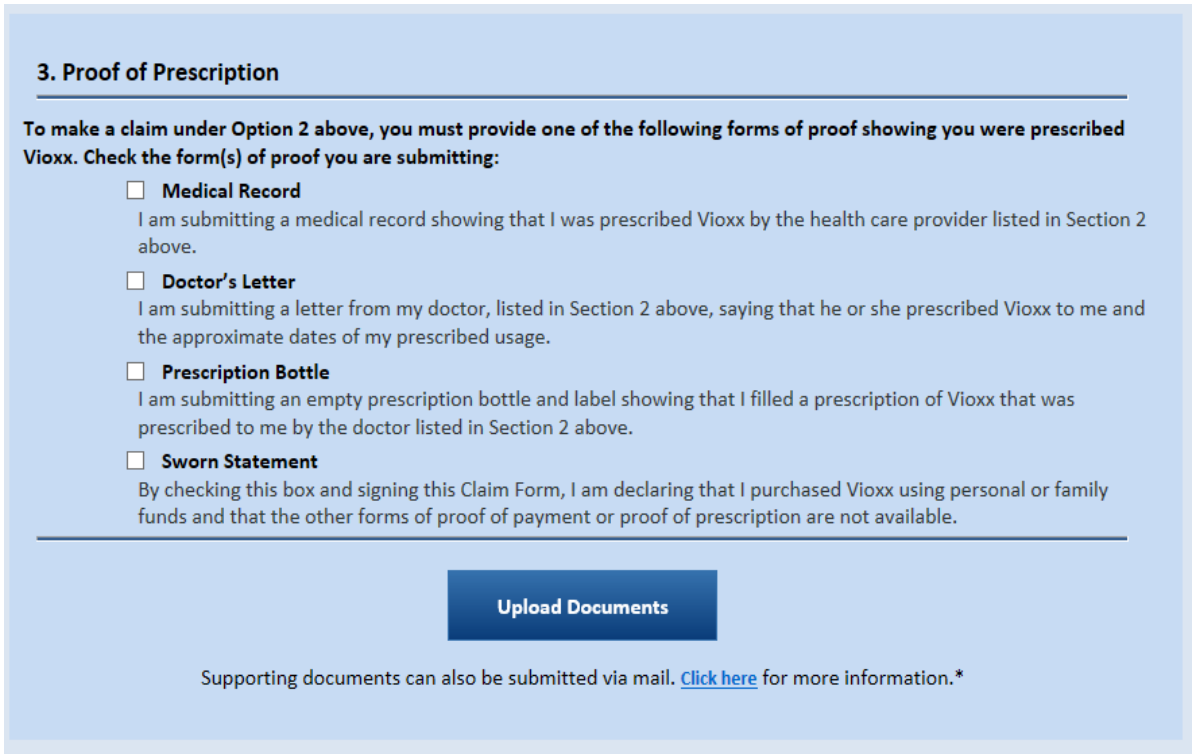
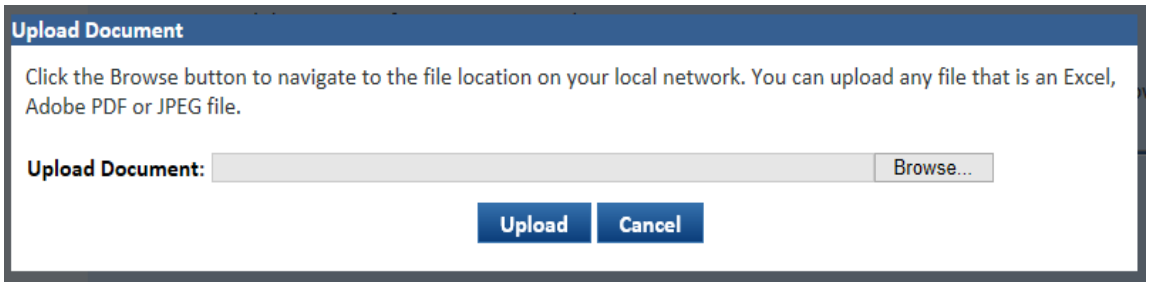

3. Proof of Prescription
To make a claim under Option 2 above, you must provide one of the following forms of proof showing you were prescribed Vioxx. Check the form(s) of proof you are submitting:
Medical Record
I am submitting a medical record showing that I was prescribed Vioxx by the health care provider listed in Section 2 above.
Doctor's Letter
I am submitting a letter from my doctor, listed in Section 2 above, saying that he or she prescribed Vioxx to me and the approximate dates of my prescribed usage.
Prescription Bottle
I am submitting an empty prescription bottle and label showing that I filled a prescription of Vioxx that was prescribed to me by the doctor listed in Section 2 above.
Sworn Statement
By checking this box and signing this Claim Form, I am declaring that I purchased Vioxx using personal or family funds and that the other forms of proof of payment or proof of prescription are not available.
Upload Documents
Supporting documents can also be submitted via mail. Click here for more information.*

You also have the option to upload documents at this time, but it is not required. To upload documents, press the "Upload Documents" button. You will need to select the document on your computer and select "Upload." Supporting documents can also be submitted by mail. Select the "Click Here" hyperlink for more information on mailing documents.


Upload Document
Click the Browse button to navigate to the file location on your local network. You can upload any file that is an Excel, Adobe PDF or JPEG file.
Upload Document:
Browse...
Upload
Cancel

J. Confirmation.

In this section, you can review the information you have provided so far. If any of your demographic information is incorrect, you can select "Edit Contact Info." You will return to the Contact Info section where you can make any additional edits. If any of your claim information is incorrect, you can select "Edit Claim Details." You will return to the Claim Details section where you can make any additional edits.

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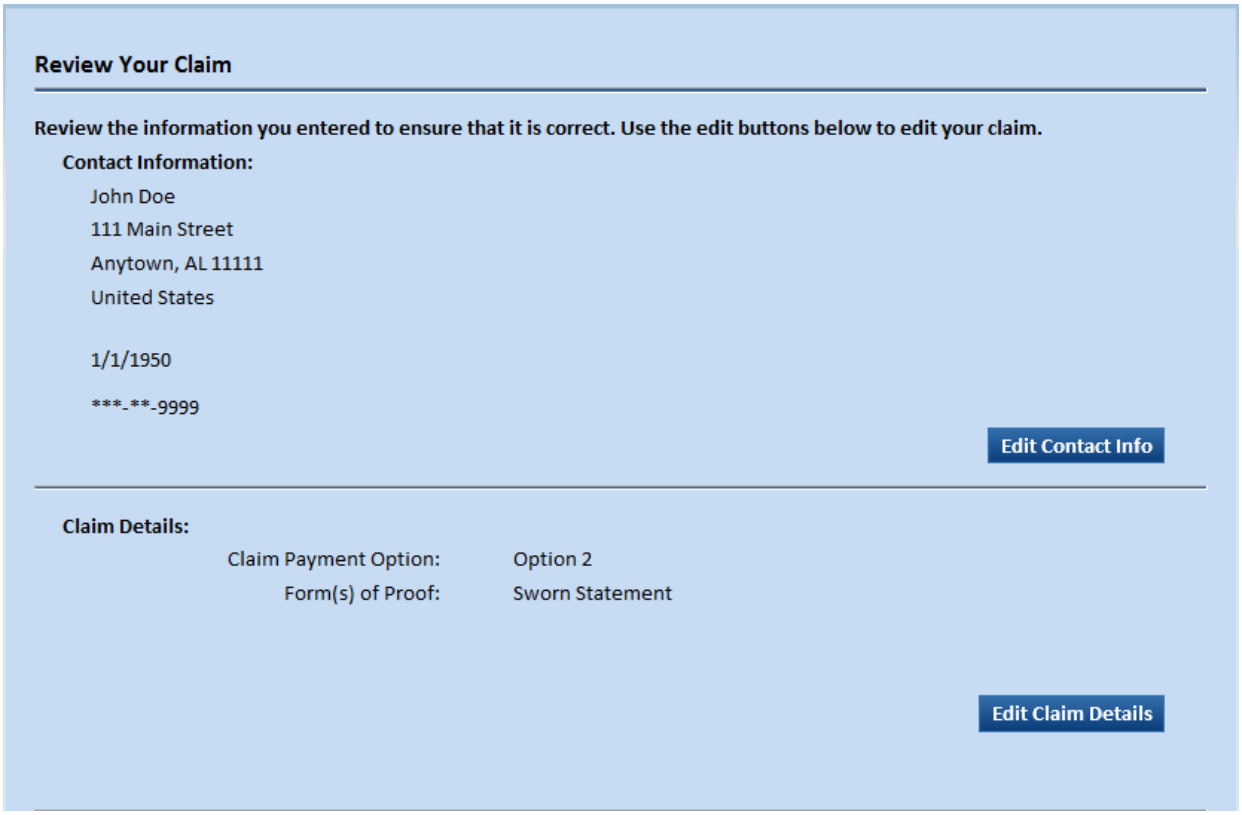
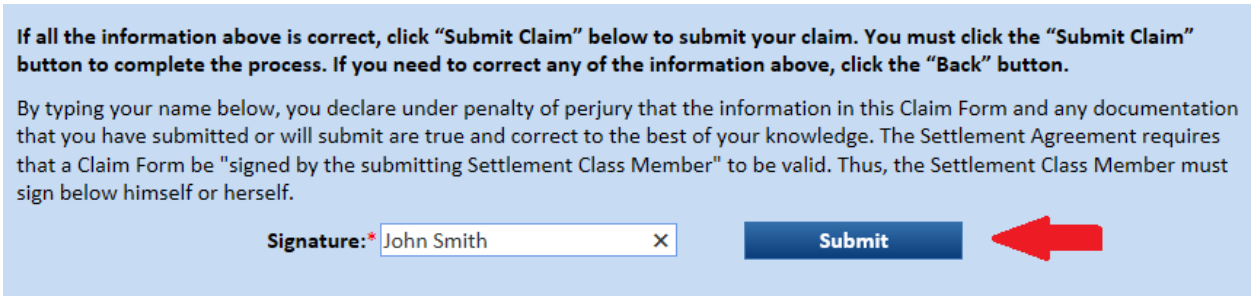


If your information is correct, you can sign and submit your claim. Type your name in the Signature box and select "Submit."


If all the information above is correct, click "Submit Claim" below to submit your claim. You must click the "Submit Claim" button to complete the process. If you need to correct any of the information above, click the "Back" button.
By typing your name below, you declare under penalty of perjury that the information in this Claim Form and any documentation that you have submitted or will submit are true and correct to the best of your knowledge. The Settlement Agreement requires that a Claim Form be "signed by the submitting Settlement Class Member" to be valid. Thus, the Settlement Class Member must sign below himself or herself.
Signature:* John Smith
Submit

K. Change Password / Email.

This tab allows you to change your password and/or the email address associated with your claimant ID.

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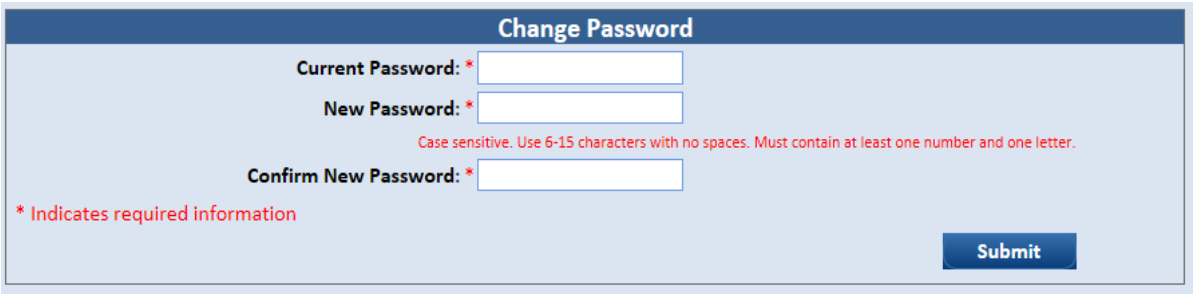
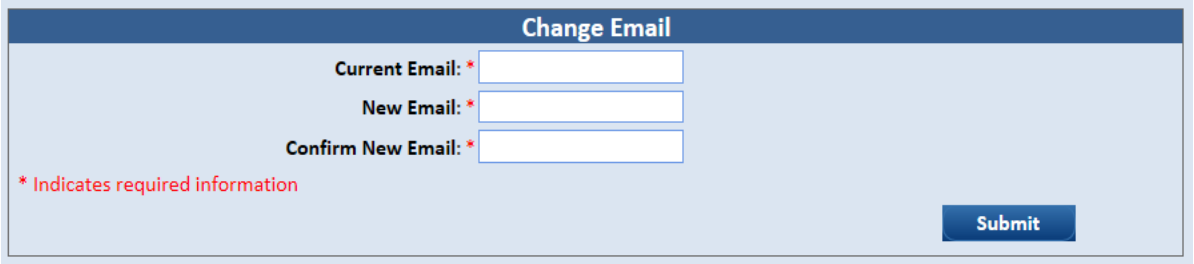

Change Password
Current Password: *
New Password: *
Case sensitive. Use 6-15 characters with no spaces. Must contain at least one number and one letter.
Confirm New Password: *
* Indicates required information
Submit



1. **Change Password.** Enter your current Password, your new Password, confirm your new Password and click the Submit button to change your Password.

2. **Change Email.** Enter your current Email, your new Email, confirm your new Email and click the Submit button to change your email address.

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L. Log Off.

When you are finished using the Portal application, click the Log Off tab on the left side of the screen. This will immediately shut down your connection to your portal. Click the Go to Login Screen link to log in to your portal.

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